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10/28/2004

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SUITE 2800

SEATTLE, WA 98101-2347

01/25/2005 HALI22 00000011 10669146

01 FC:2501

700.00 DP

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Jackie Brown

(Depositor's name)

Jackie Brown

(Signature)

January 14, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,146	09/23/2003	Loren P. Hoboy	WHIC121769	2993

TITLE OF INVENTION: PROCESS TO PRODUCE SIMONKOLLEITE, ZINC OXIDE AND ZINC HYDROXIDE 01/25/2005 HALI22 00000011 10669146

01 FC:2501

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXX \$700	\$300	XXX \$1,000	01/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOS, STEVEN J	1754	423-103000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

CHRISTENSEN O'CONNOR
JOHNSON KINDNESS PLLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Chester W. Whitman

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vashon Island, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) is enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

01/14/05

Typed or printed name Lee E. Johnson

Registration No. 22,946

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